BEFORE THE BOARD OF OCCUPATIONAL THERAPY PRACTICE
DEPARTMENT OF LABOR AND INDUSTRY
OF THE STATE OF MONTANA

In the matter of the proposed adoption of NEW RULES I through XIV regarding modalities and medications, and the proposed repeal of ARM 24.165.301 definitions, ARM 24.165.503 approval to use modalities, ARM 24.165.508 permission to use electrical or sound physical agents	))))))))))	NOTICE OF PUBLIC HEARING ON PROPOSED ADOPTION AND REPEAL

TO: All Concerned Persons

1. On November 18, 2004, at 10:00 a.m., a public hearing will be held in room 438 of the Park Avenue Building, 301 South Park, Helena, Montana to consider the proposed adoption and repeal of the above-stated rules.

2. The Department of Labor and Industry will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Occupational Therapy Practice no later than 5:00 p.m., on November 12, 2004, to advise us of the nature of the accommodation that you need. Please contact Helena Lee, Board of Occupational Therapy Practice, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2385; Montana Relay 1-800-253-4091; TDD (406) 444-2978; facsimile (406) 841-2305; e-mail to dlibsdotp@state.mt.us.

3. GENERAL STATEMENT OF REASONABLE NECESSITY: House Bill 542 (HB 542), enacted as Chapter 101, Laws of 2003, provides that licensed occupational therapists may use occupational therapy techniques involving topical medications. The proposed NEW RULES implement HB 542 by describing the manner in which a licensee can demonstrate having met the statutory requirements for use of topical medications. The Board of Occupational Therapy Practice believes that there is reasonable necessity to adopt a comprehensive set of rules to provide for and implement the various statutory provisions concerning the practice of occupational therapy by defining terms, clarifying meanings, and describing specific procedures for licensees to follow. As part of the proposed adoption of comprehensive rules, the Board also believes that there is reasonable necessity to repeal several existing rules that are better addressed by the proposed new rules.

The Board also notes that it has developed the proposed new rules in consultation with the Board of Pharmacy and the Board

of Medical Examiners, and with input from the physical therapy community.

This General Statement of Reasonable Necessity applies to proposed NEW RULES I through XIV and the proposed repeals. Supplemental statements of reasonable necessity follow specific rules as appropriate.

4. The proposed new rules provide as follows:

NEW RULE I APPROVED INSTRUCTION (1) The term "instruction" refers to didactic study that is presented in any of the following forums:

(a) continuing education unit course work;

(b) in-service training by licensed health care professionals;

(c) professional conference;

(d) professional workshop; or

(e) self-study course work pursuant to ARM 24.165.2101(10).

(2) Any of the following sponsors or providers of instruction are approved by the board to provide instruction to licensees who wish to provide sound and electrical physical agent modalities or superficial physical agent modalities:

(a) providers approved or recognized by the American occupational therapy association;

(b) providers approved by the national board for certification in occupational therapy;

(c) providers approved or recognized by the American society of hand therapists; or

(d) graduate level education course work offered by an accredited college or university, provided that:

(i) the course work is taken after the licensee has obtained an undergraduate degree in occupational therapy; and

(ii) the course work provides skills and knowledge beyond mere entry level skills or knowledge of the topic.

(3) The board will approve instruction provided by licensed health care professionals whose competency in teaching the use of sound and electrical physical agent modalities and superficial physical agent modalities is demonstrated to the satisfaction of the board.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-105, 37-24-106, 37-24-107, MCA

NEW RULE II APPROVED TRAINING (1) The term "training" refers to proctored learning sessions provided via example and observation by a qualified person.

(2) A qualified person, within the meaning of this rule, is any person who is:

(a) a licensed occupational therapist:

(i) approved by the board to administer superficial physical agent modalities and is certified to administer sound

and electrical physical agent modalities for iontophoresis and phonophoresis; and

(ii) who has more than one year of clinical experience in either the use of sound and electrical physical agent modalities or superficial physical agent modalities; or

(b) a licensed health care professional who has more than one year of clinical experience in the use of sound and electrical physical agent modalities or superficial physical agent modalities.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-105, 37-24-106, MCA

NEW RULE III DOCUMENTATION OF INSTRUCTION AND TRAINING

(1) The term "documentation" means written evidence that the person has successfully completed a formal instruction program. Documentation consists of all the following:

(a) a certificate of course attendance or completion, signed by a program official;

(b) the name or title of the course attended;

(c) the number of hours of course instruction;

(d) the date or dates the course was attended; and

(e) a copy of the course syllabus.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-105, 37-24-106, MCA

NEW RULE IV APPROVAL TO USE SOUND AND ELECTRICAL PHYSICAL AGENT MODALITIES (1) A licensee desiring to use sound or electrical physical agent modalities must successfully complete and provide to the board documentation of:

(a) 20 hours of instruction or training in sound physical agent modality devices;

(b) 20 hours of instruction or training in electrical physical agent modality devices; and

(c) either:

(i) certification by the hand certification commission, inc.; or

(ii) the successful completion of 10 proctored treatments consisting of:

(A) five proctored treatments under the direct supervision of a licensed medical practitioner in sound physical agent modality devices; and

(B) five proctored treatments under the direct supervision of a licensed medical practitioner in electrical physical agent modality devices.

(2) The 40 hours of instruction or training required by (1) must be approved by the board, and must consist of the following subjects:

(a) the principles of physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by selected modality;

(b) the physiological, neurophysiological, and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;

(c) the response of normal and abnormal tissue to the application of the modality;

(d) the indications and contraindications related to the selection and application of the modality;

(e) the guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy;

(f) the guidelines for educating the patient including instructing the patient to the process and possible outcomes of treatment, including risks and benefits;

(g) the safety rules and precautions related to the selected modality;

(h) the methods for documenting the effectiveness of immediate and long term effects of treatment; and

(i) the characteristics of the equipment, including safe operation, adjustment, and care of equipment.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-106, MCA

NEW RULE V QUALIFICATIONS TO APPLY TOPICAL MEDICATIONS - CLINICIAN DEFINED (1) Prior to the administration or use of topical medications, an occupational therapist desiring to administer or use topical medications on a patient shall, in addition to the instruction or training provided for in 37-24-106, MCA and [NEW RULE IV], successfully complete five hours of instruction or training approved by the board in:

(a) principles of topical drug interaction;

(b) adverse reactions and factors modifying response;

(c) actions of topical drugs by therapeutic classes; and

(d) techniques by which topical drugs are administered.

(2) In addition to the five hours of instruction required by (1), a licensee shall, pursuant to 37-24-107, MCA, prior to administering topical medication, perform one proctored treatment in direct application of topical medications under the direct supervision of a licensed medical practitioner, and either:

(a) two proctored treatments in phonophoresis under the direct supervision of a licensed medical practitioner; or

(b) three proctored treatments of iontophoresis under the direct supervision of a licensed medical practitioner.

(3) For the purposes of the rules related to application of topical medications by occupational therapists, the term "clinician" means an occupational therapy licensee who has been approved by the board to administer topical medications.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-106, 37-24-107, MCA

NEW RULE VI USE OF TOPICAL MEDICATIONS (1) Topical medication prescribed for a patient on a specific or standing

basis by a licensed medical practitioner with prescriptive authority must be obtained from a licensed Montana pharmacy. The topical medication may be obtained by either:

(a) the clinician who will be administering the topical medication; or

(b) the patient.

(2) All prescribed topical medications, whether obtained by the clinician or directly by the patient, must be stored at the clinician's place of business in compliance with proper storage guidelines under Title 37, chapter 7, MCA, or as otherwise developed by the board of pharmacy.

(a) Any particular requirements for storage as noted by the pharmacist must be followed by the clinician.

(b) Topical medications must be stored in the environmental conditions as prescribed by the labeled drug directions.

(c) All topical medications obtained by the patient directly and brought to the clinician's place of business must be returned to the patient's possession at the termination of the course of treatment with the patient.

(d) No topical medications obtained by the patient directly may be transferred to or used in treatment of any other occupational therapy patient.

(3) All topical medications must be administered by the clinician as prescribed and in accordance with any pharmacy guidelines given with the topical medication.

(4) A copy of the written prescription specifying the topical medication to be applied and the method of application (direct application, phonophoresis or iontophoresis) must be retained in the patient's occupational therapy medical records.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-107, 37-24-108, MCA

NEW RULE VII PROTOCOLS FOR USE OF TOPICAL MEDICATIONS

(1) Only those classes of topical medications approved for use by 37-24-108, MCA, may be applied by the clinician to a patient.

(2) Each clinician is responsible for understanding the use of approved topical medications. The medications must be prescribed for the patient by a licensed medical practitioner with prescriptive authority.

(a) The clinician is responsible for reading and understanding the medication's package inserts for indications and contraindications, as well as actions.

(b) The clinician is responsible for consulting the Physician's Desk Reference ("PDR") whenever the clinician needs to supplement the information contained in the package insert in order to appropriately understand the use of the medication.

(c) The clinician is responsible for keeping appropriate records with respect to the topical medication applied or administered in the course of the clinician's practice. Such

record keeping must be part of the patient's chart and must verify that the topical medication is properly labeled and packaged as required. Moreover, the record must include a verification that the topical medication was purchased from a licensed Montana pharmacy.

(3) The following list identifies the classes of topical medications which are approved for use by the clinician. The list also cross-references the rule that provides more detailed information concerning each class of approved topical medications:

(a) debriding agents, including bactericidal agents (see [NEW RULE VIII]);

(b) anesthetic agents (see [NEW RULE IX]);

(c) anti-inflammatory agents (see [NEW RULE X]);

(d) antispasmodic agents (see [NEW RULE XI]); and

(e) adrenocortico-steroids (see [NEW RULE XII]).

(4) The use of an approved class of topical medications is subject to the conditions and requirements established by the administrative rule applicable to that class.

(5) In the event a licensee works at a facility that has different protocols for the use of topical medications by occupational therapy practitioners, the licensee may apply to the board for authorization to use topical medications pursuant to the protocols adopted by the facility. The board, in the exercise of its sound judgment and discretion, and in consultation with such health care providers as it deems appropriate, may grant a licensee such authorization on a case-by-case basis. In no instance will the board authorize the use of topical medications that are not within the classes of topical medications authorized by statute for use by occupational therapy practitioners.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE VIII DEBRIDING AGENTS PROTOCOLS (1) Within the class of debriding agents, only the following subclasses are approved for use by the clinician on a patient:

(a) papain-based ointments;

(b) papain with urea additives;

(c) anti-inflammatories;

(d) collangenases;

(e) endogenous platelet-derived growth factors;

(f) antibiotic ointments;

(g) fibrinolytics;

(h) antimicrobial agents; and

(i) bactericidal agents.

(2) Clinicians may use papain-based ointments as directed by a licensed medical practitioner with prescriptive authority.

(a) Papain-based ointments act via a proteolytic enzyme that digests nonviable proteins, but which is harmless to viable tissues.

(b) Papain-based ointments are indicated when there is a need to debride necrotic tissue and liquefy slough in acute and chronic lesions, trauma wounds or infected lesions.

(c) Papain-based ointments are contraindicated for patients with known sensitivities to papain or any other ingredient of the medication.

(3) Clinicians may use papain with urea additive agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Papain with urea additive acts as a denaturant to proteins, helps expose papain's activators by a solvent action, rendering them more susceptible to enzymatic digestion.

(b) Papain with urea additive indications are to treat acute and chronic lesions such as:

(i) venous ulcers;

(ii) diabetic and decubitus ulcers;

(iii) burns;

(iv) postoperative wounds;

(v) pilonidal cyst wounds;

(vi) carbuncles; and

(vii) traumatic or infected wounds.

(c) Papain with urea additive has no known contraindications.

(4) Clinicians may use anti-inflammatory agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Antiinflammatory agents act to decrease histamine reactions to peri-wound areas, decreasing inflammation, and encouraging remodeling.

(b) Anti-inflammatory agents are indicated to relieve inflammation and pruritis caused by dermatosis.

(c) Anti-inflammatory agents are contraindicated for patients with known sensitivity to any components of the preparation.

(5) Clinicians may use collagenase agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Collagenase agents act by digesting collagens in necrotic tissues, without destroying healthy granulation, and by encouraging epithelialization.

(b) Collagenase agents are indicated for the debridement of chronic dermal ulcers and severely burned areas.

(c) Collagenase agents are contraindicated for patients with local or systemic hypersensitivity to collangenases.

(6) Clinicians may use endogenous platelet derived growth factor agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Endogenous platelet derived growth factor agents act by promoting chemotactic recruitment and the proliferative stage of healing. They enhance formation of granulation tissue.

(b) Endogenous platelet derived growth factors are indicated for diabetic neuropathic ulcers that extend into subcutaneous tissue with an adequate blood supply.

(c) Endogenous platelet derived growth factor agents are contraindicated for patients with known hypersensitivity, such as parabens. Endogenous platelet derived growth factor agents are not for use with wounds that close by primary intention because they are a nonsterile, low bioburden, preserved product.

(7) Clinicians may use antibiotic ointments as directed by a licensed medical practitioner with prescriptive authority.

(a) Antibiotic ointments act to kill bacteria and microbes.

(b) Antibiotic ointments are indicated on culture-proven infected wounds.

(c) Antibiotic ointments are contraindicated in patients with proven sensitivities or allergic reactions to the antibiotic prescribed.

(8) Clinicians may use fibrinolytics as directed by a licensed medical practitioner with prescriptive authority.

(a) Fibrinolytics act by contributing to collagen synthesis, where over-production of collagen can cause poor remodeling of the wound.

(b) Fibrinolytics are indicated in patients who exhibit painful, indurated wounds. Fibrinolytics are also indicated in slow healing venous wounds. Fibrinolytics are only used adjunctively in therapy.

(c) Fibrinolytics are contraindicated in patients who are allergic or exhibit a sensitivity to steroids. Fibrinolytics are contraindicated when used alone in the treatment of wounds.

(9) Clinicians may use antimicrobial agents as directed by a licensed medical practitioner with prescriptive authority.

(a) Antimicrobial agents contain a broad spectrum-silver cascade that acts to reduce the bioburden in wounds for up to seven days.

(b) Antimicrobial agents are indicated for managing full and partial thickness wounds and may be used over debrided or grafted partial thickness wounds.

(c) Antimicrobial agents have no known contraindications.

(10) Clinicians may use bacterial agents only for debridement as directed by a licensed medical practitioner with prescriptive authority.

(a) Bactericidal agents act by killing bacteria.

(b) Bactericidal agents are indicated for the presence of bacteria.

(c) Bactericidal agents are contraindicated in patients with allergic or sensitive response to the agent.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE IX ANESTHETIC AGENTS PROTOCOLS (1) Clinicians may use anesthetic agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Anesthetic agents act by blocking both the initiation and conduction of nerve impulses by decreasing the neuron membrane's permeability to sodium ions.

(3) Anesthetic agents are indicated to relieve pain and inflammation associated with minor skin disorders and for acute inflammatory conditions.

(4) Anesthetic agents are contraindicated if there is sensitivity to the topical anesthetic. They are contraindicated if there are abrasions, openings or a local infection at the site of application.

(5) The specific anesthetic agents permitted by this rule are:

(a) fluoromethane compounds:

(i) dichlorofluoromethane 15%;

(ii) trichloromonofluoromethane 85%;

(iii) lidocaine hydrochloride;

(iv) lidocaine;

(v) ethyl chloride;

(vi) hydrocortisone menthol; and

(vii) lidocaine hydrocortisone.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE X NONSTEROIDAL ANTI-INFLAMMATORY AGENTS PROTOCOLS (1) Clinicians may use nonsteroidal anti-inflammatory agents directed by a licensed medical practitioner with prescriptive authority.

(2) Nonsteroidal anti-inflammatory agents act by blocking the formation of prostaglandins.

(3) Nonsteroidal anti-inflammatory agents are indicated for acute inflammation such as tendonitis, arthritis and bursitis.

(4) Nonsteroidal anti-inflammatory agents are contra-indicated when there is sensitivity to topical anti-inflammatory agents, especially when there is a local infection or abrasion at the site of application.

(5) The specific nonsteroidal anti-inflammatory agents permitted by this rule are:

(a) ketaprofen 20% (10% is available without prescription);

(b) piroxicam 1% or 2%;

(c) ibuprofen, up to 20%; and

(d) diclofenac 2.5%.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE XI ANTISPASMODIC AGENTS PROTOCOLS

(1) Clinicians may use antispasmodic agents directed by a licensed medical practitioner with prescriptive authority.

(2) Antispasmodic agents act by forming strong drug-receptor complex at postganglionic parasympathetic neuroeffector sites in smooth muscle, cardiac muscle and exocrine glands, thereby blocking action of acetycholine.

(3) Antispasmodic agents are indicated to reduce the volume of perspiration by inhibiting sweat gland secretions to reduce muscle spasms and pain.

(4) Antispasmodic agents are contraindicated if the formulation contains sapphire, which can cause allergic reactions in susceptible individuals. Other contraindications may be listed in the current PDR.

(5) The antispasmodic agents permitted by this rule are:

(a) cyclobenzaprine 1% or 2%; and

(b) baclofen 10%.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE XII ADRENOCORTICO-STERIOD AGENT PROTOCOLS

(1) Clinicians may use andrenocortico-steriod agents as directed by a licensed medical practitioner with prescriptive authority.

(2) Andrenocortico-steriod agents act by diffusing across cell membranes to combine with specific cytoplasmic receptors. The resulting complexes enter the nucleus and bind to DNA, thereby irritating cytoplasmic synthesis of the enzymes responsible for systemic effects of adrenocortico-steroids.

(3) Andrenocortico-steriod agents are indicated for inflammation (such as tendonitis, bursitis, arthritis, or myositis), and for antipruritic and vasoconstrictor actions.

(4) Andrenocortico-steriod agents are contraindicated or require special care when used with children, growing adolescents and pregnant women. The use of adrenocortico-steroids is also contraindicated:

(a) by intolerance to adrenocortico-steroids;

(b) if an infection which is not controlled by antibiotics is present at the treatment site;

(c) for prolonged periods of time;

(d) for large areas; and

(e) with occlusive dressings.

(5) The andrenocortico-steriod agents permitted by this rule are:

(a) hydrocortizone cream 10%;

(b) dexamethasone sodium phosphate;

(c) triamcinolone acetonide; and

(d) dexamethazone cream.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

NEW RULE XIII PROTOCOL FOR USE OF AN APPROVED MEDICATION AS A NEUROPATHIC PAIN AGENT (1) Clinicians may use approved topical medications as neuropathic pain agents, when and as

directed by a licensed medical practitioner with prescriptive authority.

(2) Neuropathic pain agent actions depend upon the type of agent.

(3) Neuropathic pain agents are indicated for injuries to central or peripheral nervous system, including fibromyalgias, diabetic neuropathy, and regional pain syndrome.

(4) Neuropathic pain agents are contraindicated if an infection or rash is present at the site of application or there is a sensitivity to the topical agent.

AUTH: This rule is advisory only, but may represent a correct interpretation of the law. 37-24-201, 37-24-202, MCA
IMP: 37-24-108, 37-24-109, MCA

REASON: The Board believes that there is reasonable necessity to adopt NEW RULE XIII as an interpretative rule to clarify that topical medications are sometimes prescribed for use as a neuropathic pain agent. If the prescribed topical medication is one which is otherwise approved for use by the clinician in NEW RULES VIII through XII, the Board believes the clinician can safely and effectively apply the medication. As an example, it is the Board's understanding that antispasmodic agents are sometimes prescribed because they are effective neuropathic pain agents. The Board believes that Montana law allows a clinician to follow the specific directions of the licensed medical practitioner with prescriptive authority and apply approved topical medications, even if the stated purpose is because of the medication's effectiveness as a neuropathic pain agent. Although the Board believes that NEW RULE XIII represents a correct interpretation of 37-24-108, MCA, the Board advises practitioners, including its licensees, and the public that NEW RULE XIII is an interpretive rule, and thus is advisory only.

NEW RULE XIV DOCUMENTING EDUCATION AND COMPETENCE TO PERFORM SOUND AND ELECTRICAL PHYSICAL AGENT MODALITIES -- OUT-OF-STATE PRACTITIONERS (1) A person who has a license or endorsement from another state which allows that person to use sound and electrical physical agent modalities in the person's practice of occupational therapy may apply to the board for authority to use sound and electrical physical agent modalities in Montana.

(2) The person with the out-of-state license or endorsement shall provide the board with a signed and notarized certificate of verification from that out-of-state licensing authority that verifies the person is authorized by that other state to use sound and electrical physical agent modalities in that person's practice as an occupational therapist. In addition, the person must demonstrate:

(a) that with respect to performing sound and electrical physical agent modalities, the education and training requirements of the other state are substantially similar to

or exceed Montana's requirements for authority to use those modalities;

(b) that the person is not under investigation or subject to pending charges or final disciplinary action for unprofessional conduct or impairment in any state where the person is authorized to practice occupational therapy; and

(c) that there are no reasons why the person should not be allowed to perform sound and electrical physical agent modalities, if the person is licensed in Montana as an occupational therapy practitioner.

(3) The determination as to whether the standards of the other state are substantially similar to or greater than those of this state rests in the sole discretion of the board. The board shall make such decisions on a case-by-case basis.

AUTH: 37-24-201, 37-24-202, MCA
IMP: 37-1-304, 37-24-302, 37-24-303, MCA

REASON: There is reasonable necessity to adopt proposed NEW RULE XIV to provide a process for out-of-state applicants as part of the comprehensive revision of the Board's rules regarding how licensees document they are qualified to perform sound and electrical and physical agent modalities without endangering the public.

5. The rules proposed to be repealed are as follows:

24.165.301 [formerly ARM 8.35.402] DEFINITIONS found at ARM page 24-17519 [formerly at page 8-1055].

AUTH: 37-1-131, 37-24-201, 37-24-202, MCA
IMP: 37-24-103, 37-24-104, 37-24-105, 37-24-106, 37-24-202, MCA

24.165.503 [formerly ARM 8.35.501] APPROVAL TO USE MODALITIES found at ARM page 24-17536 [formerly at page 8-1061].

AUTH: 37-24-202, MCA
IMP: 37-24-105, 37-24-106, MCA

24.165.508 [formerly ARM 8.35.502] PERMISSION TO USE ELECTRICAL OR SOUND PHYSICAL AGENTS found at ARM page 24-17543 [formerly at page 8-1061].

AUTH: 37-24-202, MCA
IMP: 37-24-106, MCA

Although the rules have been transferred from Title 8 to Title 24, the rules do not yet appear in Title 24. They will be printed as part of the third quarter updates to ARM at the pages listed.

6. Concerned persons may present their data, views or arguments either orally or in writing at the hearing. Written data, views or arguments may also be submitted to the Board of Occupational Therapy Practice, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, by facsimile to (406) 841-2305, or by e-mail to dlibsdotp@state.mt.us and must be received no later than 5:00 p.m., November 29, 2004.

7. The Board of Occupational Therapy Practice maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this Board. Persons who wish to have their name added to the list shall make a written request which includes the name and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all Board of Occupational Therapy Practice administrative rulemaking proceedings or other administrative proceedings. Such written request may be mailed or delivered to the Board of Occupational Therapy Practice, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2305, e-mailed to dlibsdotp@state.mt.us or may be made by completing a request form at any rules hearing held by the agency.

8. The bill sponsor notice requirements of 2-4-302, MCA, apply and have been fulfilled.

9. Lon Mitchell, attorney, has been designated to preside over and conduct this hearing.

BOARD OF OCCUPATIONAL THERAPY PRACTICE
ELSPETH RICHARDS, CHAIRMAN

/s/ WENDY J. KEATING
Wendy J. Keating, Commissioner
DEPARTMENT OF LABOR AND INDUSTRY

/s/ MARK CADWALLADER
Mark Cadwallader,
Alternate Rule Reviewer

Certified to the Secretary of State October 8, 2004